



TOWN OF VERNON – BUILDING DEPARTMENT

55 West Main Street • Vernon, CT 06066

Phone: (860) 870-3633 • Fax: (860) 870-3589 • Website: www.vernon-ct.gov • Building@vernon-ct.gov

PERMIT APPLICATION

Permit Number _____

ADDRESS OF WORK LOCATION: _____

TYPE OF PERMIT: ☐ COMMERCIAL ☐ RESIDENTIAL/TWO-FAMILY ☐ MULTI FAMILY (3 OR MORE)

☐ BUILDING

- ☐ New Construction
- ☐ Addition
- ☐ Renovation
- ☐ Accessory Structure
- ☐ Deck
- ☐ Demolition
- ☐ Roofing (# Squares) _____
- ☐ Pool A/G _____ I/G _____
- ☐ Siding
- ☐ Stoves
- ☐ Other _____

☐ ELECTRICAL

- ☐ Service Change
- ☐ CRS# _____
- ☐ New Construction
- ☐ Addition
- ☐ Renovation
- ☐ Pool Wiring
- ☐ Low Voltage
- ☐ Solar
- ☐ Other _____

☐ PLUMBING

- ☐ New Construction
- ☐ Addition
- ☐ Renovation
- ☐ Fire Suppression
- ☐ Water Heater
- ☐ Fuel Tank
- ☐ Other _____

☐ HVAC

- ☐ New Construction
- ☐ Addition
- ☐ Renovation
- ☐ Central Air
- ☐ Replace/Repair
- ☐ Boiler/Furnace
- ☐ Other _____

Will there be any excavation, i.e. foundation, trenching, etc.? ☐ Yes ☐ No

☐ Public Water

☐ Sewer

☐ Well

☐ Septic

DESCRIPTION OF WORK (must be completed for all permits) _____

Fair Market Value (Labor + Material) \$ _____ Fees: \$ _____ (Permit) \$ _____ (Z) \$ _____ (PR)
\$ _____ (CO/CA) \$ _____ (DF)

Property Owner: _____

Mailing Address: _____ Town: _____ State: _____ Zip: _____

E-Mail: _____ Phone Number: _____

Applicant: _____ Lic.# _____ Type: _____ Exp: _____

Mailing Address: _____ Town: _____ State: _____ Zip: _____

E-Mail: _____ Phone Number: _____

Certification: I hereby certify that: ☐ I am the owner of record of the named property, or: ☐ that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable codes, laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. No work shall start until the applicant has received the signed approved permit.

☐ Contractor

☐ Applicant

☐ Owner

Signature of Owner/Authorized Agent

Printed Name of Signatory

Date



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OFFICE OF THE BUILDING DEPARTMENT

HVAC INFORMATION - Please Complete the Following:

Address Where Work Will Be Performed:

_____, Vernon, CT 06066

General Information:

____ One Family ____ Two-Family ____ Three-Family or More ____ Commercial

Equipment Make _____ Model _____ Capacity _____

Fuel Type (check one) ____ Natural Gas ____ Oil ____ Propane ____ Other (_____)

**If Gas Piping Is Being Installed:* Size _____ Type _____

Utilities (check all that apply) ____ Well ____ Public Water ____ Septic ____ Sewer

Will There Be Any Excavation (i.e. foundation, trenching, etc.)? ____ Yes ____ No

**A Heat Loss and Heat Gain (cooling) calculation must accompany all NEW equipment installations*

Type of Work:

____ New Construction

____ Addition

____ Renovation

____ Repair

____ Other _____

I Hereby Certify That (check one):

____ I am the Owner of Record of the named property

____ I am acting as the authorized agent of the Owner of Record who approved all work to be performed

Applicant _____ Signature _____ Date _____
(Printed Name)